

BACKWARD DISLOCATION OF THE SECOND CARPO-METACARPAL ARTICULATION.

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As this form of injury is an extremely rare one I desire to place this case on record. Dislocation of two or more of the metacarpals upon the carpus is not an extremely rare injury. Burk has collected the records of 24 cases of this variety, which includes dislocations of all of the metacarpals, complete, incomplete forward and backward.

Hamilton, in speaking of this injury in his work on "Fractures and Dislocations," says: "Examples of these accidents are so rare that no attempt will be made to establish systematically the causes, symptoms or treatment."

Dislocation of the proximal end of the *first* metacarpal is not an uncommon injury. Boyer reports 16 cases, 11 of which were incomplete and 5 complete. I have only been able to find record of three cases similar to the one which I have to report. One is reported by Hamilton, that of a woman aged 28; the injury was produced by a fall upon the closed hand, and he says: "reduction was easily accomplished." Humbert reports a case in a man who was driving a horse which kicked him upon the hand which was holding the reins, and he says: "Reduction was easily accomplished by traction and pressure." Roux reports a case, according to Hamilton, of this variety produced by an explosion in a mine; Stimson, in his work, refers to the same case as one of dislocation of the second and third metacarpals. Stimson reports 2 cases of forward dislocation of this bone; one of these was the result of severe pressure on the back of the bone, the other the result of a blow from a hammer upon the back of the hand. Isolated cases have

been recorded of dislocation of all of the metacarpals upon the carpus with the exception of the fifth.

Considering the fact that in my cases reduction was impossible by traction or manipulation, and from the fact that in the cases cited "reduction was easily accomplished by traction and pressure," I am led to conclude that they were in reality cases of incomplete dislocation.

The case which I have to report is that of a man, W. R., aged 26, who in getting off a railway car fell from the platform to the ground, striking upon the left-side arm and hand; there were no marks of violence upon the hand. Examination showed a prominence of the proximal end of the second metacarpal bone upon the dorsum of the hand, the outline of the end of the bone being easily made out. Traction and manipulation were faithfully used, but reduction could not be accomplished; incision was made, when it was found that we had a complete overlapping of the end of the metacarpal bone upon the trapezoid. Reduction could only be done by inserting a chisel under the end of the metacarpal and prying it down into place, which was accompanied by a distinct snap which could be plainly heard by those in the operating-room. I do not believe that reduction could have been accomplished in this case by any kind of manipulation. There was no tendency to recurrence of the deformity, as was said to have existed in one of the cases above referred to.